



**Corporate Compliance
Program
&
Code of Conduct
2020**

Purpose, Vision, and Values



Purpose

To arrange for the provision of superior home care services within the scope and guidelines of contractual obligation, state and federal guidelines.

Vision

To demonstrate and put forth responsible health care management affiliations that provide innovative home healthcare solutions.

Values

I = Integrated – Create a cohesive network of service that encompasses home health, DME and infusion pharmacy combined for people who want care provided in their home.

H = Holistic – Integrated’s care is characterized by the treatment of the whole person, taking into account mental and social factors, rather than just the physical symptoms of a disease. Every team member is responsible for delivering holistic results.

C = Compassion – Making the home care experience one that has a positive effect on people’s lives. We engage our customers and partners by listening with empathy.

S = Service- We hold the duty of providing member health services as a privilege and an opportunity to do the right thing every time, with a commitment to being accountable.

Compliance Program & Code of Conduct

PURPOSE OF THE INTEGRATED HOME CARE SERVICES COMPLIANCE PROGRAM AND CODE OF CONDUCT

At Integrated Home Care Services, we recognize that working in the healthcare industry is a privilege that comes with a great deal of responsibility. We focus on providing and arranging for our health plan partners, the highest standard of care aimed at achieving quality outcomes; a safe, supportive environment; and the best possible care experience.

We conduct our work in a highly regulated environment. As we provide healthcare services, we must also meet federal, state and local laws. It is important for all of us to remember that Integrated Home Care Services exists to uphold our legal and ethical responsibilities.

This Compliance Program and Code of Conduct introduces our team members to the various areas of the laws, rules and ethical standards requiring our focus and understanding. We designed this document to provide an overview of these requirements through standards and examples of behaviors.

We ask that you read our Compliance Program and Code of Conduct and become familiar with its contents. Please use this document as your first resource when you have a question or concern. We created this Compliance Program and Code of Conduct to be concise and straightforward. Of course, no code of conduct can cover every possible situation. When your question cannot be fully addressed by this Compliance Program and Code of Conduct, please connect with additional Integrated Home Care Services resources, including related policies, procedures and individuals within our organization who can provide direction.

Who Is Covered

The standards presented in this Compliance Program and Code of Conduct apply to all of our entities, team members. In any instance where business partners, consultants or contractors work with us in providing services, we ask that they be respectful of and comply with those aspects of the Compliance Program and Code of Conduct that pertain to the services they provide to or for Integrated Home Care Services. Individuals who supervise our business partners, contractors and consultants are responsible for communicating these standards and for evaluating those aspects of the Compliance Program and Code of Conduct that apply to the services they provide.

Compliance Program & Code of Conduct

OUR RESPONSIBILITIES

Each of us is responsible for acting with integrity. This is especially necessary when we encounter difficult situations. Meeting our legal responsibilities helps us to put the needs of our patients first. Each of us must:

- Know and obey the law.
- Know and follow the Compliance Program and Code of Conduct and applicable policies and procedures.
- Complete required training in a timely manner.
- Keep up-to-date on current standards and expectations.
- Promptly report concerns or possible violations.
- Fully cooperate with investigations.

IHCS endeavors to hire personnel that are suitable for the healthcare industry in terms of background and experience while remaining in compliance with Fair Labor Standards Act and the AHCA Attestation of Compliance with Background Screening Requirements. This is applicable to determinations made during pre-hire screening and periodically thereafter for continued employment status determination. Individuals convicted of, or who have pending charges for, offenses listed on the AHCA Form # 3100-0008 will not be considered for employment.

Also, should any employee, regular, contracted, or temporary, appear during an OIG Exclusion List monthly check, he/she will be terminated as in accordance with the Office of Inspector General guidelines.

Compliance Program & Code of Conduct

ADDITIONAL RESPONSIBILITIES FOR LEADERS

We all contribute to the success of Integrated Home Care Services by abiding with the Compliance Program and Code of Conduct. Our leaders model our values and guide their teams in order to meet our ethical, legal and regulatory requirements. Our leaders are instrumental in creating an open and welcoming environment where team members are comfortable asking questions and raising concerns. In fulfilling their roles, leaders are called to:

- Create an environment that builds relationships and encourages open communication.
- Serve as a resource to others by illustrating how the Compliance Program and Code of Conduct and policies apply to our daily work.
- Respond quickly and effectively to reported concerns and involve the Compliance team as needed.
- Maintain a healthy and safe work environment, where no team member feels pressured to do something against the law or in opposition to our ethical standards.
- Guide team members to utilize resources properly and productively.

Compliance Program & Code of Conduct

CONFLICTS OF INTEREST

Upholding the Integrated Home Care Services values means we do the right thing with openness and pride. We are committed to acting with integrity and identifying, disclosing and managing or eliminating conflicts of interest. A conflict of interest may arise when an Integrated Home Care Services team member or partner takes actions for personal gain or has outside interests making it difficult to perform his or her work objectively and effectively. Conflicts of interest also arise when individuals receive special benefits because of their position in the organization.

We encourage all team members and business partners to report any outside activity or private interest that may be perceived as a conflict of interest and to obtain approval of their supervisor and the Compliance Director and Privacy Officer.

MAKING THE RIGHT DECISIONS

In our highly regulated industry, the path is not always clear. At times, you may be uncertain of how to act or respond. You are not alone, and we encourage all team members to seek help and guidance as needed. If you have a question or concern, contact our knowledgeable Compliance team or other experts within our organization.

How will you know when to ask for help? If your answer to any of the following questions is “no,” or if you are unsure, please stop and seek assistance.

- Is my behavior or action consistent with our Compliance Program and Code of Conduct, policies and procedures?
- Is it the right thing to do in light of our purpose, vision and values?
- Does my decision promote integrity in my workplace?
- Can I say that I would be proud of my choice if our patients, my family members or the public learned about my action or failure to act?

Compliance Program & Code of Conduct

REPORTING, CONFIDENTIALITY AND NON-RETALIATION

Integrated Home Care Services team members have many avenues for seeking guidance or reporting concerns. We encourage resolution at the local level relating to human resource issues, such as concerns about payroll, personality disputes or disagreements with supervisors. It is also appropriate and encouraged that you bring compliance-related concerns to the attention of your supervisor or other manager first. If you are not comfortable reporting to your supervisor, or it is not appropriate to do so, you may report your concerns to a human resource manager, the Compliance Director, or another member of local management.

You can also report concerns through the Compliance Hotline at 954-381-7954. Please report your concerns in a timely manner so we can consider and investigate any issues. Integrated Home Care Services makes every effort to keep a reporter's identity confidential when the individual wishes to remain anonymous. We do not tolerate retaliatory behavior or disciplinary action against an individual who has reported a concern or suspected violation in good faith. Certain federal and state laws, including the federal False Claims Act, protect those who speak up in good faith from retaliation. Anyone who deliberately makes a false accusation in order to harm or retaliate against a co-worker is subject to discipline.

PREVENTING FRAUD, WASTE AND ABUSE

Improving performance in key areas would save 100,000 to 150,000 lives and \$50 billion to \$100 billion annually.

The Commonwealth Fund Commission on a High-Performance Health System

The prevention of fraud, waste and abuse is the responsibility of every Integrated Home Care Services team member and business partner. Fighting the inappropriate loss of Medicare and Medicaid healthcare dollars through fraud, waste, abuse, and other improper payments is a priority for Integrated Home Care Services.

Home health agencies and durable medical equipment (DME) providers offer services and supplies vulnerable to fraud. Integrated Home Care Services plays a significant role in the fight against fraud, waste, and abuse in Medicare and Medicaid home health, home infusion, and DME. While the specific requirements for home health, home infusion and DME can vary from state to state, all States require furnished services to be medically necessary. Integrated Home Care Services and its team members and business partners have a responsibility to know the rules for home health, home infusion, and DME services as required by Medicare and State Medicaid programs.

Compliance Program & Code of Conduct

All Integrated Home Care Services team members and business partners should be aware of practices that are fraudulent or determined to be abusive or wasteful. Examples of home health fraud include attesting falsely to the medical necessity of home health services, accepting compensation for ordering specific services irrespective of medical necessity, or physicians signing plans of care for beneficiaries not under their care. Examples of DME fraud, waste, and abuse include physicians selling medically-unnecessary prescriptions and DME companies recruiting patients and then billing Medicaid for more expensive equipment than what is delivered.

The Patient Protection and Affordable Care Act, more commonly known as the Affordable Care Act, enacted in 2010, provides tools to prevent, detect and take strong enforcement action against fraud in Medicare, Medicaid and private insurance.

The Affordable Care Act (ACA) seeks to improve anti-fraud and abuse measures by focusing on prevention rather than the traditional “pay-and-chase” model of catching criminals after they have committed fraud. There are four principle ways the ACA seeks to make changes:

1. More money to prevent and fight fraud
2. Better screening and compliance
3. New penalties
4. Better data sharing

DME and Home Health Services are considered high risk areas for fraud, waste and abuse. Under new authority granted by the ACA, the Health and Human Services (HHS) Secretary has prohibited new home health providers from joining the program in six (6) markets (see below) to prevent or combat fraud, waste or abuse. Specifically, HHS had issued home health agency **moratoria** for Chicago, Miami, Fort Lauderdale, Detroit, Dallas and Houston.

The federal government had approved the Florida Agency for Health Care Administration’s request for a six-month ban on any new or pending applications from home health-care providers that want to participate in the Medicaid program. The moratorium, established to help ferret out fraud, does not apply to home health agencies that already were part of a Medicaid managed-care network. The temporary ban, is not the only moratorium on provider enrollment in Florida’s \$29 billion Medicaid program. The state health agency also imposed a temporary ban on enrollment of new behavioral-analysis providers in Miami-Dade and Broward counties.

Compliance Program & Code of Conduct

Provider Enrollment Moratorium Update

NOTICE: PLEASE SEE THE FOLLOWING REGARDING THE STATUS OF THE PROVIDER ENROLLMENT MORATORIA.

*As of **January 30, 2019**, there are no active Medicare Provider Enrollment Moratoria in any State or U.S. territories. The Provider Enrollment Moratoria Waiver Demonstration will end when the moratoria expires.*

Temporary Moratoria

The Social Security Act (the Act) provides the Secretary with tools and resources to combat fraud, waste, and abuse in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). In particular, section 1866(j)(7) of the Act provides the Secretary with authority to impose a temporary moratorium on the enrollment of new Medicare, Medicaid, or CHIP providers and suppliers, including categories of providers and suppliers, if the Secretary determines a moratorium is necessary to prevent or combat fraud, waste, or abuse under these programs. Regarding Medicaid, section 1902(kk)(4) of the Act requires States to comply with any moratorium imposed by the Secretary unless the State determines that the imposition of such moratorium would adversely impact Medicaid beneficiaries' access to care. In addition, section 2107(e)(1)(F) of the Act provides that the Medicaid provisions in section 1902(kk) are also applicable to CHIP.

The following are specific new requirements in the ACA that focus on home health and DME high-risk areas.

DME Fraud

To help reduce opportunities for DME fraud, the ACA:

- Requires a physician, nurse practitioner, clinical nurse specialist, or physician assistant to have a face-to-face encounter (including via telehealth) with an individual before issuing a certification for DME.
- Requires that DME supplies must be ordered by an enrolled Medicare eligible professional or physician.

Compliance Program & Code of Conduct

- Requires more thorough screening of those types of providers and suppliers that have been identified in the past as posing a higher risk of fraud.
- Allows HHS to prohibit new DME providers from joining the program in certain geographic areas or where necessary to prevent or combat fraud, waste or abuse.

Home Health Fraud

To help reduce opportunities for fraud in home health, the ACA:

- Requires physicians who order home health services to be enrolled in Medicare.
- Requires a face-to-face encounter within 90 days prior to the home health start of care date.

Examples of DME Fraud, Waste, and Abuse

The following are examples of DME fraud, waste, and abuse.

- A physician receives kickbacks from a DME company for providing false Certificates of Medical Necessity (CMN) for purchased power wheelchairs.
- A DME company recruits patients and then bills Medicaid for more expensive equipment than delivered.
- A Physician sells fraudulent prescriptions, authorization forms, and patient information to a DME company.
- At the prompting of a DME provider, a physician signs a stack of blank CMNs and prior authorization forms that the DME provider then completed with false information and billed for reimbursement.
- A Physician signs an authorization form for the DME provider without verifying medical necessity for the items or medical supplies requested.

How Integrated Home Care Services Can Prevent Fraud, Waste and Abuse

Integrated Home Care Services plays an important role in promoting integrity to minimize and prevent fraud, waste, and abuse in Medicare, Medicaid and private insurance programs. The following are key points for providers to remember.

Compliance Program & Code of Conduct

- ✓ Confirm eligibility: Verify the eligibility status of patients at the time of service.
- ✓ Include identifiers: If required by the State when ordering services or supplies, the ordering provider's signature and National Provider Identifier (NPI) should be included on the CMN or other prior authorization form.
- ✓ Order appropriately: Order according to the medical needs of the beneficiary within the limits set by the State/Medicare.
- ✓ Maintain organized records: Keep patient records organized and up-to-date and confirm that the patient's condition warrants the service requested in the CMN or prior authorization request.
- ✓ Educate staff: Integrated Home Care Services should educate staff on the issues and schemes that constitute fraud, waste, and abuse.
- ✓ Practice within scope: Always document the medical necessity of the service(s) ordered. If a medically-unnecessary service is billed or if the documentation does not justify medical necessity, it may be considered a "false claim."
- ✓ Protect yourself: Be on the alert for other professionals who may make inappropriate requests, such as a "quick signature" on a document for a patient never seen, asking for additional patient services because of convenience rather than medical necessity, asking for beneficiary medical identifiers when there is no specific need, or offering to provide remuneration for beneficiary referrals.

OVERVIEW OF THE INTEGRATED HOME CARE SERVICES COMPLIANCE PROGRAM AND CODE OF CONDUCT

Integrated Home Care Services has established a formal, voluntary Corporate Compliance Program (Program) and has designated a Compliance & Privacy Officer in accordance with the OIG Compliance Program guidance and the HIPAA Privacy and Security Rules. The Corporate Compliance Program is the responsibility of the Compliance & Privacy Officer, and, through the Integrated Home Care Services Chief Executive Officer and Chief Operating Officer, regularly reports to the Board of Directors.

Elements of the Program include: designation of a Compliance Officer/Director, establishment of a corporate compliance oversight committee, written policies and procedures – including a Code of Conduct, formal training and education programs, reporting mechanisms, auditing/monitoring schedules, investigation processes, disciplinary actions and corrective action plans to address areas of non-compliance. Additionally, the Program is evaluated on a regular basis to ensure effectiveness.

Compliance Program & Code of Conduct

Risk assessments will be conducted to identify high risk areas, meet regulatory changes, and detect problem-prone areas. Audits and monitoring will be conducted on both a planned and as needed basis to ensure compliance (*high volume, high risk, high dollar/cost areas, low volume processes and those that are error-prone are prioritized*).

Integrated Home Care Services has governance, risk management and compliance functions to address obligations, risks, concerns and best practices. This is comprised of individuals with varying responsibilities and areas of knowledge who participate and make recommendations, review risk, and facilitates any necessary changes to standards, policies and procedures that impact Integrated Home Care Services.

- **Governance** - the accountability of management to direct, administer and control the enterprise, in order to ensure that strategies and instruction from management are carried out with accountability, effectively and in the best interests of Integrated Home Care Services.
- **Risk Management** - the analysis and action where necessary to respond appropriately to risks that might adversely affect business objectives. The analysis and response typically depends on the perceived gravity and involves controlling, avoiding, accepting or transferring risk.
- **Compliance** – analysis and guidance on appropriately conforming to requirements in laws, regulations, contracts, strategies and policies.

Integrated Home Care Services is committed to tracking and complying with applicable licensing and registration requirements, state and federal laws and regulations, accreditation standards and contractual obligations. Through open lines of communication and the employment of a wide variety of communication and training vehicles, the requirements are made available and updated on a regular basis. Reporting mechanisms encourage and invite employees to escalate known, alleged or suspected violations. All reports are investigated in a timely manner. Corrective actions are implemented to correct, prevent and deter recurrences.

SCOPE

This Program applies to Integrated Home Care Services, Inc. as a corporate entity and its subsidiaries.

PURPOSE

The purpose of this Compliance Program and Code of Conduct is to define in general terms the structure, leadership, governance, reporting relationships and reporting mechanisms of the Program.

Compliance Program & Code of Conduct

THE INTEGRATED HOME CARE SERVICES CODE OF CONDUCT

Corporate Code of Conduct

Integrated Home Care Services' expectations are based on our Mission and Values, which points us to the responsibilities we have, and how to go about fulfilling them as we conduct business and clinical services in an ethical manner. Doing so is good for business, and it also prevents fraud, waste and abuse, and facilitates detection of, and reporting of improprieties, which leads to mitigation. We expect our employees to refrain from all conduct that may violate any rules, laws or policies, and any activity which could impact eligibility for participation in public healthcare programs.

Because of the complexities of Integrated Home Care Services' independent and interdependent business functions, our corporate Code of Conduct serves as a guide to the resources you need for how you conduct yourself as an employee of Integrated Home Care Services. Since it alone cannot address every situation you might come across, it provides the framework and points to the tools you need which address common situations you may face and a chain of command protocol for any potential uncommon or conflicting situations.

The Integrated Home Care Services Employee Handbook is your guide to:

- Company policies and practices for health and safety in the workplace
- General employment practices and employee programs
- Employee conduct guidelines, details on disciplinary action for violations and the whistleblower policy
- Operating policies supporting ethical behavior
- Policies on proper use of company resources

The corporate and business unit specific Compliance Programs support you with protocol for:

- Written standards or policies and procedures, and standards of conduct
- Governance by a Compliance Officer/ Director and Committee
- Compliance training and education
- Effective lines of communication
- Application of standards through publicized guidelines
- Monitoring and/or auditing
- Responding promptly to reported or detected offenses and developing corrective action

Compliance Program & Code of Conduct

Business specific tools may be provided to you in training and made available to you based on your job functions, which address items such as:

- Confidentially, data privacy and security
- Administrative and clinical quality assurance
- Integrity and accuracy in documentation and in billing and claims related transactions
- Avoidance of conflicts of interest and violations of laws
- Cooperation with investigations and audits
- The various needs for, and methods of reporting of violations

Reporting Violations of the Code of Conduct

Violations, including, but not limited to: illegal acts, improper conduct and unethical behavior are not tolerated at Integrated Home Care Services. Any of these could have a negative impact on our business, and they may subject us to sanctions, civil or criminal penalties, or loss of licensure, accreditations or contracts.

It is imperative that any suspected, alleged or known improper activity or violation be reported promptly. Any employee who becomes aware of any such activity by any person acting on Integrated Home Care Services' behalf is encouraged, supported and required to promptly report the activity to his or her manager or supervisor, who in turn is obligated to escalate the report to be investigated.

You also have the right to report elsewhere, such as to any officer or board member, in addition to, or in lieu of reporting to your manager or supervisor if you are not comfortable reporting conduct which may involve a person to whom such might otherwise be reported.

Contact Information for Reporting:

- Compliance contact information:
 - Compliance Hotline: 954-381-7954
 - Compliance E-Mail: compliance@ihcscorp.com

It is a violation of the code of conduct for employees to fail to report known violations. If you have a question about whether or not particular acts or conduct may be subject to reporting, you should contact your manager or any resource noted above.

Compliance Program & Code of Conduct

STANDARDS, PROCEDURES, AND COMPLIANCE STRUCTURE

A. Standards and Procedures: Code of Conduct

- a. The Integrated Home Care Services Code of Conduct, as complemented by the Employee Handbook, establishes the foundation from which all Policies and Procedures of the company are derived. The Code of Conduct sets out basic principles which Integrated Home Care Services and its subsidiaries, directors, officers, and employees must follow. The Code of Conduct is an over-arching document that delineates the fundamental standards from which all organizational policies and procedures and organizational and business decisions may be drawn from, or evaluated against, and is written in clear, concise, easily understood language.
- b. In some instances, the Code deals fully with the subject matter covered. In many cases, however, the subject discussed has so much complexity that additional guidance is necessary for those directly involved with the particular area to have sufficient direction. To provide additional guidance, a comprehensive set of compliance policies and procedures which expand upon or supplement many of the principles articulated in the Code of Conduct have been developed and are available through the Compliance Department.

B. Compliance Officer, Compliance Committee and Infrastructure

a. Compliance Officer

An individual poised within the senior level of the organization has been assigned overall responsibility for the oversight of the Program. While this individual bears a personal responsibility for upholding the Code of Conduct and for supporting the initiatives of the Program, the Compliance Officer/Director has a key role as the person responsible for the operation of the Program. The Compliance & Privacy Officer sees to it that the Program is administered effectively and functions as the “voice” of the Program among senior managers. The Compliance & Privacy Officer attends important management meetings to help ensure that Integrated Home Care Services respects its commitment to compliance and ethical conduct. While every employee is expected to act ethically, the Compliance & Privacy Officer is there to ensure that all the management tools necessary to facilitate this Program are in place and functioning throughout all levels of the organization and provides objective measures designed to evaluate the effectiveness of each of the programmatic elements; reviews the results of routine audits and monitors the high-risk areas as identified by the OIG, the industry and internal investigations.

Compliance Program & Code of Conduct

b. Division Compliance Action Plans

Integrated Home Care Services understands that each Integrated Home Care Services Division is unique in the services it delivers, the customer(s) it services, and its compliance challenges. To address these unique characteristics, each Integrated Home Care Services Division is responsible for the development of an annual Division Compliance Action Plan implementing the Corporate Compliance Program. The Integrated Home Care Services Corporate Compliance & Privacy Officer and Integrated Home Care Services senior management team will assist the Divisions with the development of Annual Compliance Action Plans. Each Division sees to it that their Plan is administered effectively and functions as the “voice” of the Integrated Home Care Services Corporate Compliance Program among senior managers and employees within their Division.

The Integrated Home Care Services Compliance Officer attends important management meetings to help ensure that Integrated Home Care Services respects its commitment to compliance and promotes ethical conduct. While every employee is expected to act ethically, the Compliance Officer is there to ensure that all the management tools necessary to facilitate this Program are in place and functioning throughout all levels of the organization, and to provide objective measures designed to evaluate the effectiveness of each of the programmatic elements.

c. Corporate Compliance Committee

The Integrated Home Care Services Corporate Compliance Committee is an inter-disciplinary group of the Integrated Home Care Services Executive staff formed to assist in the design, implementation, oversight and operation of the Integrated Home Care Services Corporate Compliance Plan.

The Committee is chaired by Integrated Home Care Services’ CEO or Compliance Officer, meets not less than bi-annually, and is comprised of the following members: Integrated Home Care Services’ Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, General Counsel, Compliance Officer, Chief Medical Officer, the Integrated Home Care Services Director of Information Security, and others members as determined by the Integrated Home Care Services CEO. Other *ad hoc* attendees or guests may be added or included as topics of discussion require.

The Integrated Home Care Services Corporate Compliance Committee is responsible for approving the structural and organizational issues that shape the Program’s design.

Compliance Program & Code of Conduct

The Committee determines the scope of the Program, approves the Compliance Program budget, identifies areas of risk and approves the training and education plans, work plans and audit plans, annually.

The Committee has decision-making authority for certain types of corrective actions, although matters of fraud, waste and abuse, or other instances of unethical business conduct, if not addressed to the satisfaction of the Corporate Compliance Director & Privacy Officer and Chief Executive Officer, may be escalated to the Board of Directors, with or without the knowledge of or notification to the Integrated Home Care Services Corporate Compliance Committee. The Committee also serves as the appeals board for decisions made by the Corporate Compliance & Privacy Officer.

Minutes, agenda and sign-in sheets for the Corporate Compliance Committee are maintained in the office of Integrated Home Care Services' Corporate Compliance & Privacy Officer.

GUIDING PRINCIPLES

The Department of Health and Human Services (HHS) Office of Inspector General's (OIG) has developed a series of voluntary compliance program guidance documents directed at various segments of the health care industry, to encourage the development and use of internal controls to monitor adherence to applicable statutes, regulations and program requirements through 7 Elements of an Effective Compliance program for healthcare. Because Integrated Home Care Services functions within several areas of the health care industry, Integrated Home Care Services' Program is intended to promote compliance with the law with integrity and evolving best practices similar to the guidance provided by the OIG.

The Integrated Home Care Services Corporate Compliance Program covers the **7 elements** of an Effective Compliance Plan:

1. Written standards or policies and procedures, and standards of conduct.
 - i. Integrated Home Care Services has established comprehensive compliance policies and procedures under the Program.
2. Governance by a Compliance Director and a Compliance Committee.
 - i. Integrated Home Care Services has established an Integrated Home Care Services Corporate Compliance Committee.

Compliance Program & Code of Conduct

3. Compliance training and education.
 - i. Integrated Home Care Services has implemented employee training on compliance, Code of Conduct, privacy, security, and fraud, waste and abuse. All employees are trained on privacy, security, and fraud, waste and abuse within 30 days of hire and annually.
4. Effective lines of communication.
 - i. All Integrated Home Care Services employees are trained on the Corporate Compliance Plan, and the Integrated Home Care Services Compliance Hot Line
5. Application of standards through publicized guidelines.
6. Monitoring and/or auditing.
7. Responding promptly to detected offenses and developing corrective action.

Compliance at Integrated Home Care Services is addressed systematically, and on a case-by-case basis as necessary.

REFERENCES/RESOURCES

OIG Compliance Program Guidance(s), Integrated Home Care Services Employee Handbook, IHCS – Code of Conduct, CMS Guidelines.

QUALITY OF CARE AND PATIENT SAFETY

At Integrated Home Care Services, Inc., we understand that our patients are unique individuals. We provide care in a safe, effective and efficient manner. To encourage this effort, our clinical quality improvement team builds and designs systems and processes incorporating best practices in caring for patients.

- We follow up with patients and other caregivers to create a safe environment and improve communication.
- We encourage anyone on any team to stop a process if he or she thinks it is incorrect.
- We maintain standards for licenses and credentials for caregivers who work in all locations.
- We report unanticipated outcomes to a supervisor and prepare for appropriate follow-up and communication with the patient and family.

Compliance Program & Code of Conduct

PATIENT RIGHTS

We are committed to informing our patients of their rights and to protecting their rights. We deliver high-quality care when we respect and support patients and their loved ones and give them information to make decisions regarding the care they are offered.

- We provide each patient with a written statement of patient rights and a notice of privacy practices.
- We provide kind and respectful care no matter a patient's personal values and beliefs, age, sex, race, color, religion, disability, national origin, ability to pay, or any other category protected by state or federal law.
- We seek to resolve patient complaints promptly and to provide contact information so patients can report grievances.
- We seek to follow a program by which all patients have the right to be free of any coercion as to selection of a provider, health plan or medical procedure.

CONFIDENTIALITY OF PATIENT INFORMATION

The information we create, use and disclose while taking care of our patients is sensitive and personal. We are committed to keeping all patient information protected and secure. We receive training to understand the various requirements Integrated Home Care Services must meet to comply with HIPAA and to protect our patients' information.

- We only discuss patients and their care with authorized persons in appropriate places and with low voices.
- We verify the identity of the person requesting a copy of a patient record and require a completed authorization to release information.
- We access only the appropriate amount of patient information we need to do our jobs.
- We provide individuals with timely access to their healthcare information.
- We provide patients with our Notice of Privacy Practices.
- We hold business partners to the same standards when they conduct business on our behalf.

Compliance Program & Code of Conduct

LICENSE, CERTIFICATION AND EXCLUDED PERSONS

The Integrated Home Care Services purpose and values guide the requirements we set for our team members. We are committed to ensuring that only individuals who are eligible to participate in federal healthcare programs work at Integrated Home Care Services. We ensure that care providers have valid licensure, certification, registration or other credentials.

Team members bear responsibility for maintaining the current status of their credentials and providing evidence to Integrated Home Care Services. Individuals who do not have valid, current licenses are not allowed to work.

- We each take responsibility to ensure that our license or certificate is current.
- We report to our supervisor and to our Compliance/Privacy Officer immediately if we discover a lapse in licensure or credentials. Upon discovery, the team member with improper credentials stops working immediately.
- We institute protocols to verify that all individuals working at Integrated Home Care Services are eligible to participate in federal programs.
- We have a monthly process to screen all team members, network providers, and business partners with access to member information to ensure that Integrated Home Care Services does not employ or contract with persons or entities excluded from Medicare, Medicaid or any federal health care program.
- We require all team members and business partners to disclose immediately if they are excluded from Medicare, Medicaid or any federal health care program.

HEALTH AND SAFETY/SUBSTANCE ABUSE

We are committed to providing the resources, protocols and practices to create a safe and healthy work environment, free of alcohol and drugs. Integrated Home Care Services provides safeguards — including policies, training and equipment — to give team members the opportunity to take action and responsibility for their own health and safety.

- We require reporting of any serious workplace injury or illness.
- We encourage team members to seek advice from their supervisor or safety officer if ever they have questions or concerns and to follow their local safety plan when emergencies arise.
- We require team members to know and understand safety policies and procedures.

Compliance Program & Code of Conduct

- We ask team members to consult with a supervisor to the extent that they are concerned with how their use of prescription or over-the-counter drugs may interfere with their performance at work, or if they observe an individual who appears to be impaired in the performance of his or her job.
- We take immediate action if an individual reports to work under the influence of drugs or alcohol; this may include drug testing of individuals and we prohibit the use of any drug which is illegal under state or federal law.



CORPORATE COMPLIANCE PROGRAM APPROVAL:

Policy Name:	Corporate Compliance Program	Creation Date:	2015 09.21
Policy Number:	IHCS-001	Effective Date:	2015.09.21
Line of Business:	Corporate	Review Date:	12/06/2019
Owner of Policy:	Compliance VP & Privacy Officer	Replaces:	Corporate Compliance Program Original Effective date: 2015.09.21 Revised: 2019 01.06
Committee Approval:	Committee: Corporate Compliance Committee Ad Hoc Date of Approval: 04/01/2019	Exec./Sign off:	Title: VP of Compliance/HR and Privacy Officer Signature: <i>Donna M. Gale</i>